

DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

Attorney Docket Number:	BLS-100US
First Named Inventor:	John R. Boehringer
COMPLETE IF KNOWN	
Application Number:	To Be Assigned
Filing Date:	Herewith
Art Unit:	
Examiner Name:	

☒ Declaration Submitted With Initial Filing (37 CFR 1.63)
 ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
 ☐ Supplemental Declaration (37 CFR 1.67)

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEVICE AND METHOD FOR TREATING A WOUND

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) _____ as United States Application or PCT International Application Number _____

and was amended on (MM/DD/YYYY) _____ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Pri r Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	N
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

Declaration/Power Of Attorney for Utility or Design Patent Application

(c ntinu d)

I hereby appoint:

☒ Practitioners at Customer Number 23122
OR
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

☒ Practitioners Customer Number listed above; **OR**
☐ Correspondence Address Below

Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:
☐ A Petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

John R.

Boehringer

Inventor's Signature _____

Date: _____

Residence: City: Wynnewood

State: PA

Country: USA

Citizenship: US

Mailing Address: 427 Parkview Drive

Mailing Address:

City: Wynnewood

State: PA

Zip: 19096

Country: USA

☒ Additional inventors are listed on the next page.

Declaration/Power Of Attorney for Utility or Design Patent Application

(c ntinued)

Name of Second Inventor:			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
John			Karpowicz		
Inventor's Signature _____				Date: _____	
Residence: City: Chester Springs	State: PA	Country: USA	Citizenship: US		
Mailing Address: 1435 Yellow Springs Road					
Mailing Address:					
City: Chester Springs	State: PA	Zip: 19425	Country: USA		
Name of Third Inventor:			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Christopher L.			Radl		
Inventor's Signature _____				Date: _____	
Residence: City: Malvern	State: PA	Country: USA	Citizenship: US		
Mailing Address: 530 Clothier Springs Road					
Mailing Address:					
City: Malvern	State: PA	Zip: 19355	Country: USA		
Name of Fourth Inventor:			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Jacob L.			Timm		
Inventor's Signature _____				Date: _____	
Residence: City: Hancock	State: NH	Country: USA	Citizenship: US		
Mailing Address: 106 Bonds Corner Road					
Mailing Address:					
City: Hancock	State: NH	Zip: 03449	Country: USA		
<input checked="" type="checkbox"/> Additional inventors are listed on Supplemental Sheet(s).					

DECLARATION/POWER OF ATTORNEY - SUPPLEMENTAL SHEET

Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Amitabha		Mitra	
Inventor's Signature _____		Date: _____	
Residence: City: Voorhees	State: NJ	Country: USA	Citizenship: US
Mailing Address: 66 Battery Hill Drive			
Mailing Address:			
City: Voorhees	State: NJ	Zip: 08043	Country: USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country: